15020179068

STATEMENT OF

SECRETARY OF THE FNATE

FORM 1	ORGANIZATION				15 J	UN 29 PH 3: 27 Office Use Only	
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type r the lines.	12FE4	M5	
BRUCE N	ĄŢĦĄŊ	I FOR UNITE	ED S	ATES SEN	ATE	<u> </u>	
ADDRESS (number a	and street)	3230 SW ISI	LANC) WAY			
(Check if a is changed)		PALM CITY	1 1 1	3 1 1 1 1 1	FL	34990	
			CITY		STATE	ZIP CODE	
COMMITTEE'S E-MA (Check if is change	address	S (Please provide only one		RKS.COM	1111		
COMMITTEE'S WEB PAGE ADDRESS (URL)							
(Check if address is changed)		BRUCENATHAN2016.COM					
2. DATE 06 2015 2015							
3. FEC IDENTIFICATION NUMBER C.00579904							
4. IS THIS STATE	MENT	NEW (N) OR	Þ	AMENDED (A)			
I certify that I have	examined this	Statement and to the b	est of my	knowledge and belief is	t is true, con	ect and complete.	
Type or Print Name	of Treasurer	MICHAEL N	MILLN	IER			
Signature of Treasure	er <u>//</u>	rebed Mil			Date [6" 26" 2015	
NOTE: Submission of		us, or incomplete informati				t to the penalties of 2 U.S.C. §4	37g.
Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	